

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 913373 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
13	2					
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41	2					
42	2					
43	2					
44	2					
45	2					
46	2					
47	2					
48	2					
49	2					
50	2					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	1							
52	1							
53	1							
54	1							
55	1							
56	1							
57	1							
58	1							
59	1							
60	1							
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93	1							
94	1							
95	1							
96	1							
97	1							
98	1							
99	1							
100	1							
TOTAL IND.								
TOTAL DEP.	125							
TOTAL CLAIMS	126							